U.S Department of Labor Office of Labor-Management Standards Washington DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT	
E CONTRACTOR		
1 File Number U 906	2 Fiscal Year Covered From	
	10 / 1 / 2003 Through 9 / 30 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Dwight L Perkins	Name Plumbers and Pipefitters Local Union 262	
	Labor Organization File Number 04453	
PO Box Bidg Room No if any	P O Box Building and Room Number if any	
Street 702 Tukwila Drive	Street 1751 Anka Street	
Caty Woodburn	City Juneau	
State Oregon ZIP Code + 4 97071	State Alaska ZIP Code + 4 99801	
5 Position in labor organization Pension Trustee		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	
Name		
Trade Name if any		
PO Box Bidg Room No if any		
	7 b Amount	
Street		
Caty		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)		
Signed	On 08/09/2005 503 307 9944	
Olgano Caracteria Cara	On 08/09/2005 503 307 9944	

Name of Person Filing	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZiP Code + 4	9 Business deals with  a Labor Organization  b Trust  c Employer	
10 If 9 b or 9 c. is checked give trust or employer's name  Name  Trade Name if any  P O Box Bidg Room No if any	11 a Nature of such dealing  To the best of my knowledge I have held no interest in or derived income or economic benefit with monetary value from any business	
Street	11 b Approximate dollar value of such dealing \$0	
State ZIP Code + 4	12 a Nature of interest held or income received  N/A	
	12 b Amount. \$0	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment	
(including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4	To the best of my knowledge I have receive no payment of money or other think of value in excess of \$25 00 from any employer or labor relations consultant	
13 b is the Business an Employer or Consultant?	14 b Amount of payment \$0	